## City of Fairfax Fire Department Office of Code Administration 10455 Armstrong St #208 Fairfax, VA 22030 703-385-7830 fax: 703-385-9265

## Freedom of Information Request

Dear Mr. Wilson, Under the Freedom of Inf	Formation Act, I request a copy	of:	
in the City of Fairfax, VA	. I am willing to pay fees for th	is request,	up to a maximum of
{ }. If you estima	te that the fees will exceed this	limit, pleas	e inform me first.
	e cost of research and duplication		
	of plans, I understand that I car		
	on purposes. I understand that I	payment is	due at the time I pic
up the plans. }			
Name:			
Address:			
City, State, Zip:			
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Phone Number:			
Signature: D		Date:	
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Fee Schedule:	ф25A	T	
Research & Preparation	\$35/hour		
Copies from microfilm	\$1/page		
Photocopies <10	No cost		
Photocopies 11-25	\$0.25 each		
Photocopies > 25	\$0.15 each		
Copies of plans (sent out)	As billed by outside company		
Full size copies (in house)	\$10.00/page		
Total			
Approved By:			
	for Copying:		
	Invoice #		
By			
Code\forms\foia request.doc			